

**Minutes of the Board of Regents  
of the Uniformed Services University of the Health Sciences**

**Meeting No. 168  
August 11, 2009**

The Board of Regents of the Uniformed Services University of the Health Sciences met on August 11, 2009, at the Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, Maryland. The meeting date and agenda were published in the Federal Register and each Regent was duly notified prior to the meeting. The Chair called the meeting to order at 7:30 a.m. Members and advisors listed below were in attendance:

Board Members

Ronald R. Blanck, D.O., Chair  
Otis W. Brawley, M.D., Member  
Michael M.E. Johns, M.D., Member  
Vinicio E. Madrigal, M.D., Member  
Lawrence C. Mohr, Jr., M.D., Member  
Kenneth P. Moritsugu, M.D., M.P.H., Member  
Gail R. Wilensky, Ph.D., Member  
Charles L. Rice, M.D., President, USU  
Allen W. Middleton, MBA, representing the Assistant Secretary of Defense for Health Affairs  
VADM Adam M. Robinson, MC, USN, Surgeon General, U.S. Navy  
LTG Eric B. Schoomaker, MC, USA, Surgeon General, U.S. Army  
Lt Gen Charles B. Green, USAF, MC, Surgeon General, U.S. Air Force  
RADM Steven K. Galson, USPHS, Acting Surgeon General of the United States

Advisors to the Board

Gen Thomas R. Morgan, USMC (Ret), Military Advisor to the Board  
VADM John M. Mateczun, MC, USN, Commander, Joint Task Force, National Capital Region Medical  
Larry W. Laughlin, M.D., Ph.D., Dean, F. Edward Hébert School of Medicine, USU  
Ada Sue Hinshaw, Ph.D., R.N., FAAN, Dean, Graduate School of Nursing, USU  
COL Patricia K. Lillis-Hearne, MC, USA, Director, Armed Forces Radiobiology Research Institute  
Col John P. Mitchell, USAF, MC, Commander, Defense Medical Readiness Training Institute  
COL Norvell V. Coots, MC, USA, Commander, Walter Reed Army Health Care System  
CAPT David A. Bitonti, MC, USN, representing the Commander, National Naval Medical Center  
John E. Baker, J.D., General Counsel, USU

**MATTERS OF GENERAL CONSENT**

After welcoming remarks and introductions, Dr. Blanck presented the matters of general consent listed below:

- Meeting dates for the coming year, noting that the Fall Meeting (November 3-5) will be held off-site primarily for Board of Regents members only
- Minutes of the May 15, 2009, Board of Regents Meeting

- Actions taken by the Board since the May 2009 meeting
  - Electronic approval in July 2009 of the selection of Gerald V. Quinnan, Jr., M.D., as Chair, Department of Preventive Medicine and Biometrics
  - Electronic approval in August 2009 of the Distinguished Service Medal to Lieutenant General James G. Roudebush, USAF, MC

Upon motions duly made and seconded, the Board

**Voted by voice vote:** To approve the matters of general consent as presented.

#### **REPORT TO THE BOARD: LCME DIVERSITY WORKING GROUP**

The Liaison Committee on Medical Education (LCME) Diversity Working Group was created to address accreditation issues reported by the LCME in 2007 regarding the need for improving both student and faculty diversity at the university. Following a brief chronology of events, Dr. Lanier presented seven recommendations made by the working group to improve USU's diversity:

- A clear and meaningful definition of student diversity needs to be developed, articulated and communicated to appropriate audiences and stakeholders with full appreciation for both the national and global missions of the university. USU leadership, including the Board of Regents, should provide needed resources and support for the sustainability of this initiative.
- A clear and workable institutional policy assuring a diverse student body, faculty and staff needs to be developed as part of USU's strategic plan, mission, vision and values. Senior leadership, including the Board of Regents, should be directly involved in developing this policy, which should clearly state the university's commitment to increase and sustain a diverse faculty and student body.
- USU should seek to improve diversity by developing institutional pipeline programs, collaborating with institutions serving students from disadvantaged backgrounds, and participating in community service activities that heighten awareness of and interest in the profession. Academic enrichment programs for applicants who may not have taken traditional pre-med coursework should also be considered.
- With the commitment and support of USU's leadership, an experienced senior administrator should be charged with developing and managing an effective program to improve diversity.
- USU should develop and maintain an effective electronic tracking system to collect, record and monitor statistical data pertaining to new hires and student matriculants. Measurable outcomes should be a high priority.
- Appropriate marketing and communications materials should be developed for targeted audiences. Relevant information about USU's mission should be designed to assist in improving diversity.
- The university should network with other institutions, professional organizations and community groups as part of its on-going recruitment effort. Examples include the Association of American Medical Colleges, Historical Black Colleges and Universities, and each of the Armed Services.

In his concluding remarks, Dr. Lanier emphasized new LCME standards which state that medical schools must recognize their responsibility for contributing to the diversity of the



profession and must therefore develop programs or partnerships aimed at making admission to medical education more accessible to students, faculty and staff from diverse backgrounds. He said USU needs to be aggressive in this area.

Ensuing discussion included the points summarized below:

- If certain statistics are important criteria for accreditation, it is important that these numbers are accurate and reliable.
- Each of the uniformed services is a unique culture which should be taken into account as USU develops its definition of diversity.
- The military has a greater percentage of under-represented minorities than the nation, making the obligation greater for the university to increase diversity.
- The nation has a highly educated enlisted corps; exploring ways to take advantage of this resource could be significant, including the establishment of programs in San Antonio, Texas, where enlisted training is being concentrated and where the university has recently established a presence.

At the Chair's request, the following reports will be heard at the February 2010 Board of Regents Meeting:

- A status report regarding each of the seven recommendations developed by the LCME Diversity Working Group
- A statement of actions needed to obtain training billets for programs USU could establish leading to access to health professions
- A list of other initiatives that could be undertaken to reach individuals on active duty or in the reserves who have an interest in military medicine

## **BOARD ACTIONS**

### **Degree Granting – Graduate Education**

Dr. Metcalf presented for certification two candidates to receive the degree of Doctor of Philosophy and four candidates to receive the degree of Master of Science.

Upon motion duly made and seconded, the Board

**Voted by voice vote:** To concur with the recommendations as presented by Dr. Metcalf and to recommend that the President confer the degrees as stated.

### **Faculty Appointments and Promotions – School of Medicine**

Dr. Laughlin presented the recommendations made by the School of Medicine Committee of Appointments, Promotion and Tenure at a meeting on June 8, 2009. Fifteen individuals were recommended for faculty appointments, promotions or tenure.

Upon motion duly made and seconded, the Board

**Voted by voice vote:** To approve the recommendations of the committee as presented by Dr. Laughlin and to recommend that the President implement the actions as stated.

Dr. Laughlin presented a request to grant sabbatical leave to Robert W. Williams, Ph.D. This request was reviewed and approved by the Chair, Committee of Appointments, Promotions and Tenure.

Upon motion duly made and seconded, the Board

**Voted by voice vote:** To approve the request as presented by Dr. Laughlin.

Dr. Laughlin presented three requests recommending appointment to the rank of Emeritus Professor:

- Dr. Richard G. Andre, Emeritus Professor of Preventive Medicine and Biometrics
- Dr. John Cross, Emeritus Professor Preventive Medicine and Biometrics
- Dr. John E. Hutton, Emeritus Professor of Surgery

Upon motion duly made and seconded, the Board

**Voted by voice vote:** To approve the recommendations as presented by Dr. Laughlin.

### **Awards and Honors**

Dr. Laughlin presented three recommendations approved by the Committee for Names and Honors:

- The University Medal for Dr. Richard G. Andre
- The University Medal for Dr. John Cross
- The USUHS Exceptional Service Medal for Mr. Alan Dieringer

Upon motion duly made and seconded, the Board

**Voted by voice vote:** To approve the awards as presented by Dr. Laughlin.

### **PRESIDENT'S REPORT**

Dr. Rice introduced MG Patrick Sculley, DC, USA (Ret.), Senior Vice President for University Programs (Southern Region). General Sculley's office in San Antonio, Texas, will support USU students and faculty in the area. Dr. Rice also introduced Dr. Jeffrey Longacre, Vice President for Affiliations and International Affairs. Dr. Longacre is a 1986 graduate of the university. Other items in the President's Report included the following:

- An update by Mr. Baker on the proposal to make medical student officers eligible for promotion from O-1 to O-2 following successful completion of their basic science years. Currently the Senate version of the FY 2010 National Defense Authorization Act contains this provision.
- The House version of the FY 2010 National Defense Authorization Act addresses the shortage of nursing officers by establishing a Department of Defense School of Nursing. The university continues to recommend partnerships with established nursing schools rather than creating new undergraduate programs within the Department.
- The Army will host a conference at the university in early September on psychological health issues in the military. The presence of Army Vice Chief of Staff General Peter Chiarelli and Assistant Commandant of the Marine Corps General James Amos emphasizes the importance of these issues and their consequences, one of the most dire being the rising suicide rate among soldiers.

Dr. Rice concluded his report noting his self-assigned goals for the 2009-2010 academic year. These fifteen issues will be reviewed and discussed in the closed portion of today's meeting.



## **REPORT TO THE BOARD: ACCOUNTING FOR READINESS ACTIVITIES**

In response to questions raised by the Board at the Spring Meeting, Mr. Atkinson addressed the following topics as defined by accounting practices within the Department of Defense:

- Management Accounting – Of the seven codes used to describe the expenses of each Military Treatment Facility, the Direct Readiness account summarizes expenses incurred due to the readiness portion of a facility's mission, such as training or deployment. This account prevents these costs from being charged to the facility's direct patient care accounts as it looks at available hours in patient care. Each facility is responsible for keeping track of these expenses.
- Supplemental Funding – Supplemental funding is received and distributed to cover the costs of hiring contractors to replace deployed medical personnel. These doctors, dentists, nurses, technicians and corpsmen are needed to maintain proper levels of medical and dental activities in Military Treatment Facilities.
- Paying for Performance – Value in the military health system is based on outputs (the volume of work done), outcomes (quality measures such as preventive services) and customer satisfaction (with one's health plan and the care received). The Department's goal is to create a financial mechanism which measures all of these in a balanced fashion.
- Mission Essential Non-benefit Activities – The current budget process does not accurately define, measure and value many of the health care services performed by Military Treatment Facilities. Costs are not well defined in such areas as medical education, prevention and wellness, and occupational health and safety. Following the identification of over 2,000 distinct activities, the Department is working on developing volume measures for a small number of these outputs, and then determining the cost and value of producing each. In the longer term, such activities will be incorporated into the budget process for each military treatment facility.

Comments and discussion included the following points:

- Military medicine is unique in that it focuses on a "system of health rather than a healthcare system"
- Several well-respected medical institutions who also deal with complex activities are attempting to define meaningful outcome measures, some of which may be relevant to the Department's goals
- Training at USU should inculcate the elimination of unwarranted practices and duplication of efforts, and focus the delivery of care on good evidence-based practices, critical thinking and health outcomes

## **BOARD COMMITTEE REPORTS**

### **Academics Committee**

Dr. Johns summarized the reports heard by the Academics Committee:

- Dr. Hinshaw emphasized an information paper comparing the establishment of a Department school of nursing with the development of a partnership program within several already established state schools of nursing in order to produce baccalaureate prepared nurses for the military nursing services. Over a five year period, the estimated

cost of a Department school is more than double that of the partnership option and the number of graduates is about half.

- Dr. Laughlin's report included a request to rename the previously approved Masters of Healthcare Administration to Masters of Healthcare Administration and Policy. The Academics Committee viewed the request favorably and Dr. Johns presented it to the Board as an action item.

Upon motion duly made and seconded, the Board

**Voted by voice vote:** To approve the request as presented, and change the name as stated above.

- Dr. Kaminsky's report reflected large increases in research dollars, most notably in FY 2008 when Congress awarded the university over \$68 million to establish the Center for Neuroscience and Regenerative Medicine. Department of Defense extramural funding also increased considerably.
- The Faculty Senate has begun its year with new officers and is hopeful that compensation issues will soon be resolved.

#### **Finance and Administration Committee**

Dr. Brawley reviewed the Vice President's Report for Finance and Administration:

- The university is supporting three initiatives in the Department's FY 2011 Program Budget Review
  - Consolidation of Graduate Medical Education funding in the National Capital Area
  - Addition of base line funding for the Center for Prostate Disease Research
  - Transfer of funding from TRICARE Management Activity to the university to support the Medical Effects of Ionizing Radiation course taught by the Armed Forces Radiobiology Research Institute (AFRRI)

Although the university has program responsibility for each of the above initiatives, funding for each is consistently uncertain.

- Congress has imposed a small business innovation research tax of almost 10 percent against in-house laboratory research and AFRRI research in FY 2009
- The National Security Personnel System may be eliminated. Conversion to another system would be expensive both in time and money.

Dr. Brawley also summarized the report from the USU Brigade, which continues to experience a significant amount of personnel turnover in many of its offices.

#### **Development and External Affairs Committee**

Dr. Moritsugu summarized the report heard from the Office of External Affairs which included alumni recently named to leadership positions, upcoming alumni events and their importance, and a summary of media activities over the last quarter. He also briefly reviewed the medical symposium and gala which is being sponsored by the Henry M. Jackson Foundation for the Advancement of Military Medicine and the Tug McGraw Foundation and will occur on November 6-7, 2009. Ms. Kelly Huegel, Development Public Relations Manager, Henry M. Jackson Foundation, provided more detailed information regarding events scheduled each day.



## **PRESENTATION: JOINT TASK FORCE NATIONAL CAPITAL REGION MEDICAL**

VADM Mateczun provided an update on the integration of the military health system in the National Capital Area mandated by the Base Realignment and Closure Act. His presentation included the following:

- System changes, including construction costs of the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital, are approaching \$2.5 billion
- Transformational decisions include
  - A military personnel staffing model which establishes joint commands for the new facilities and continues the Joint Task Force National Capital Region Medical as a joint military command
  - A civilian personnel staffing model which realigns resources and includes the transfer of civilian personnel authorities to the Joint Task Force. Civilian personnel will be able to move among area facilities throughout their careers
- The tissue repository from the Armed Forces Institute of Pathology will transition to a new Joint Pathology Center
- Other new construction includes the National Intrepid Center of Excellence, which is dedicated to issues concerning psychological health and traumatic brain injury, and three Fisher Houses, being built by the Fisher Foundation
- Current task force activities, focused upon elements which comprise a world class healthcare facility, include work on an overall strategic plan as well as achieving certain designations, such as the National Cancer Institute's designation of a comprehensive cancer center


Discussion following Admiral Mateczun's presentation included the points below:

- Although it is relatively easy to focus on the physical facilities involved, many integration issues concerning necessary cultural changes need to be addressed
- World class facilities create knowledge
- The Board of Regents anticipates assisting in making some of the current opportunities for change a reality

## **ADJOURNMENT**

Dr. Blanck adjourned the open portion of the meeting at 11:50 a.m.

SUBMITTED:



William T. Bester  
Acting Executive Secretary, Board of Regents

APPROVED:



Ronald R. Blanck  
Chair, Board of Regents

Prepared by Janet S. Taylor